First Steps
Indiana Children's Special Health Care Services

CHILDREN'S SPECIAL HEALTH CARE SERVICES
INDIANA STATE DEPARTMENT OF HEALTH

ENROLLMENT CHECKLIST

Participant's Name_____

CHSCS Case Number_____

☐ Combined Enrollment Form **Parts I and II** with Signatures and Date.
(Verify Birth Certificate, Proof of Residence, SS# if not newborn)

☐ Sent Combined Enrollment form to **Hoosier Healthwise** (if child is not enrolled in Hoosier Healthwise). **(THIS IS MANDATORY.)** Date Enrollment form mailed:_____

☐ **Medical Insurance Information;** Page 3 of Part I
(Verify insurance card(s) information, provide code if possible)

☐ Signed **Rights & Responsibility forms** for every program for which the participant is applying.

☐ Signed the **Data Consent for the Collection of Information**.

☐ Reciprocal **Consent to Release and Share Medical Information** form (copy).
Consent to Release Forms to be sent to providers requesting medical documentation, with a cover letter from your agency to receive information back, unless medical documentation is included with the application. Include the Physicians Health Summary when appropriate.
Date Reciprocal Consent mailed: _____

☐ **Medical Documentation** - (Hold application until medical documentation is received and send all medical documents in with the application.)

NOTE: Use of the **Physicians Health Summary** may be sufficient medical documentation.

☐ Informed the family that the application was sent to:
_____WIC _____MCH _____CSHCS _____Hoosier Healthwise _____First Steps

☐ Check here if this is an application for **diagnostics**.

Person taking Combined Enrollment Form Application(s):
Name:_____
Telephone #:_____
Agency Name:_____
Agency Address:_____

Please mail all documents to:

Children's Special Health Care Services
Indiana State Department of Health
2 North Meridian Street, Section 7-B
Indianapolis, IN 46204
ATTN: Eligibility Division

NOTE: If referring to First Steps, please make a copy and forward to the local SPOE.
If referring to Hoosier Healthwise, please make a copy and forward to the local OFC.